Department of Education

PSYCHIATRIC ASSESSMENT

Date of Assessment: 03/01/2024

Student Name: [redacted] [redacted]

NYC ID: 222729022

DOB: Redacted for PII **Grade:** 9th Grade

Language of Assessment: English

Sources of testing/interviews and/or other investigative activities:
[redacted] is a 17-year-old male who attends 9th grade at JRC. He has an IEP with a classification of Emotional Disability, which was changed from Speech and Language Impairment and Learning Disability.

When he was 2 years old, in 2009, [redacted] was removed from his mother's home following allegations of prostitution, sexual abuse of a child within the home by a family member (one of [redacted] siblings was sexually abused by his uncle), physical abuse, neglect, and maternal substance use. He was placed in foster care with his Maternal Aunt, Ms. Moore. (His future adoptive mother (Ms. Walker) stated that custody was then given to people who have been referred to as his "aunt and uncle" but according to Ms. Walker, they were just "friends" of [redacted] mother). At age 4, after behavioral disturbances and sexuality at school, [redacted] moved to Pennsylvania with his foster mother. At 6.5 years of age [redacted] returned to New York City. In April of 2014, [redacted] was removed from his aunt's home due to drugs found in her and the uncle's system at the pre-hearing drug test. [redacted] later disclosed that they had been sexually abusing him. [redacted] was then placed with another sibling in the care of Ms. Jennifer Alleyne for 1 week, but he was having daily outbursts, was exhibiting extreme sexualized behavior by exposing his private parts to others and spitting on them. In April of 2104, he was admitted to Bellevue for 2-3 weeks. [redacted] then returned to the home of Ms. Alleyne and 3 days later began to display aggressive behaviors as they were driving in the car. He spit in the foster parent face and began throwing things out of the window. At home he destroyed furniture and other objects. He was again hospitalized and eventually returned over a month later when he was placed with his current foster parent.

He was transferred to his future adoptive parent in 6/2017 and was adopted in 5/2018. He did well until 2/2020, around his birthday which was a trigger for him. At that time, he expressed suicidal ideation, and was hospitalized.

Information was obtained for this report by interviewing [redacted] reviewing all documents in SESIS, and obtaining collaterals from his mother and clinician. Consents and waivers were obtained by MD who clarified the role of the Independent Evaluator, the relationship between the MD and the DOE and the waiver of confidentiality. Understanding was expressed and questions answered. This evaluation was done by Zoom. The material in this report is reflective of what was presented by the family/school/documentation, leading to formalized impressions and recommendations. These are meant to guide and assist with finalized decisions made by the DOE.

As per his mother:

His mother is very happy with his progress at JRC, as this is the first time that he has demonstrated stability for this length of time. When she expressed concern about his academics, she felt heard and her concerns were addressed. She would like for him to have continued intensive therapy, and succeed socially, behaviorally and academically.

As per SESIS:

The mother reported that although JRC is not graded, [redacted] is chronologically attending 10th grade. The parent emphasized that she is not in agreement with his 10th grade status as [redacted] missed his whole 9th grade curriculum due to his mental health and schooling crisis. All his 9th grade academic records are false. The mother strongly feels that [redacted] should be attending 9th grade. The mother acknowledged and confirmed [redacted] present accomplishments and successes. She is very happy that [redacted] is currently stable and is making progress. She further shared that it is probably the first time in a long time that [redacted] is eager and motivated to learn. The mother noted that [redacted] high grades are inflated and are mostly based on his diligence, motivation, and great effort. The mother discussed the academic component with the school and is in the process of arranging small group tutoring for math. The mother reported that it is very important to bring his academics up to par as he wants and plans to go to college and become a lawyer. [redacted] wants to focus on criminal law and defend wrongfully convicted and incarcerated youth. The mother reported that [redacted] successfully settled in the residential part of the program as well.

Findings:

[redacted] was forthcoming, appropriate and engaged in the evaluation. He explained that in his early years, he lived with his biological family in PA. "There was so much abuse going on, so I left at age 5, and went with my little brother to his now adoptive mom, but I started having flashbacks causing me to act out, so I went to the hospital". He stated that this caused him to change foster families often, until eventually finding his adoptive family who adopted him at age 11. He has lost contact with his biological siblings.

He stated that he is happy to be at JRC, as it is, "good compared to the other places [I] lived before". He left his adopted home at age 13, to attend Stetson residential center. "That did not work out well because I attacked my teacher, so I needed to go to juvenile detention for a year... she did not get me lunch so I attacked her. It was a crazy thing to do, I know". He then transferred to a residential center in Texas where he stayed for 2 weeks prior to being hospitalized for 3 months. He then transferred to a residential center in Florida, "I acted out there because it was the quickest way to leave the situation, I was there for only 3 days, it was not the right fit".

He feels it is easier to be at JRC, "because I have seen it all before, and I matured. I am just chilling now, it hit me differently, I didn't realize consequences until juvenile detention". He explained that he realizes that he wants something different in life, so he now behaves, "I didn't have an incident for 115 days before getting in trouble for cussing. Today is the first day I had a major behavior where I lightly pushed a staff, I don't like men in my space, and they didn't listen". The nightmares and flashbacks he experienced in his early years are resolving. Sometimes he gets anxious, but not depressed. He usually becomes anxious when he is around men, as he was sexually abused by men. This is a big trigger for him, as it brings back triggers from when he was living with his biological parents, "I get into fight or flight mode". He used to take medications, but they were stopped when he arrived at JRC, "I am OK without them". He aspires to go to college, to study psychology and become a mental health tech. He denied all drug use, (with a big smile). He denied any thoughts to harm himself or die, "Living is amazing". He reports that he has a girlfriend, "she's my friend, but we talk like serious". He has many friends, "everybody knows me, they are good with me".

School setting symptoms:
As per collaterals, [redacted] is thought to be doing well with no major incidents or behaviors. He is invested in therapy and treatment, and has had minimal aggression since admission.
Peers, activities, milieu:
He is social with peers.
Response to psychiatric and/or therapeutic intervention:
A neurological evaluation conducted when [redacted] was 40 months old that noted he received services through Early Intervention (EI). At the time of this evaluation, he presented with ongoing communication, socialization, and behavioral difficulties, and consideration was given to a diagnosis of Pervasive Developmental Disorder (PDD). At 4 years of age [redacted] was evaluated by Dr. Arty at St. Vincent's and subsequently diagnosed with Disruptive Behavioral Disorder with further consideration being given to diagnoses of Pervasive Developmental Disorder (PDD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Treatment recommendations were made but not followed. In April of 2104, he was admitted to Bellevue for 2-3 weeks and was diagnosed with PTSD, Mood Disorder, and ADHD. After returning to his foster home, he began exhibiting the same behaviors including aggression and sexualization. He was

re-admitted to Jamaica Hospital in July 2015 and was subsequently transferred back to Bellevue and then to Four Winds in upstate New York where he stayed for 1 month until he was stabilized. When he was discharged from Four Winds. By 3/2016, he had 3 psychiatric hospitalizations and was treated with Zoloft, Abilify and Seroquel, Prozac, Concerta, Ritalin, Concerta, Guanfacine, hydroxyzine, Abilify, Risperdal, prazosin, VPA and Zyprexa. He was again hospitalized in 6/2-17.
He was also hospitalized in 2020 for suicidal ideation around his birthday which is usually a trigger for him. Remote learning exacerbated his depression and lead to a crisis. He was hospitalized at Columbia Presbyterian in White Plains. Upon discharge, he came home for six days, threatened his mother and had suicidal ideations again. He went back to the hospital for three weeks and Ms. [redacted] was told that [redacted] could not come home because he was unstable. Thus, [redacted] was admitted on July 7, 2020 to Kids Peace in Pennsylvania, a more therapeutic setting. There, in September 2020 he was hospitalized for four days due to suicide ideation. He transferred to the Stetson residential program in Utah on 12/7/2021. He was again hospitalized in March 2022 due to disruptive behavers including suicidal ideation, disrobing and eating a pen cap. [redacted] was hospitalized at Houston Behavioral Healthcare Hospital in April of 2023 and was discharged to a specialized residential program in Florida. He was "kicked out" after two days there. (There was also a report of a residential treatment and hospitalization in Texas, and Kaizen Academy, which specializes in trauma). The family transitioned [redacted] to Bellevue Hospital in New York City where he was hospitalized from May through July of 2023. He is presently enrolled at Judge Rotenberg Educational Center, a residential treatment center, where he has been since July of 2023. Due to his most recent testing scores, he is in the process of applying for OPWDD.
(The documentation of dates and transfers to the various residential programs were confusing and contradictory at times)
[redacted] is currently not on any medications, and denied all self-injurious behaviors. He reported one suicide attempt at age 10 by hanging, although this was not documented elsewhere.
DEVELOPMENTAL & EDUCATIONAL HISTORY

[redacted] was born at 34 weeks following a pregnancy that was complicated by maternal alcohol and substance use; his biological mother was also diagnosed with diabetes. [redacted] experienced respiratory distress at birth in addition to neonatal hypoglycemia, necrotizing enterocolitis (NEC), and periventricular leukomalacia. It is unclear how much time [redacted] spent in the hospital after birth. Early information about attainment of developmental milestones is limited although [redacted] is reported to have had motor and communication difficulties in addition to temper tantrums and behavioral outbursts. A neurological evaluation conducted when [redacted] was 40 months old that noted he received services through Early Intervention (EI). At the time of that evaluation he presented with ongoing communication, socialization, and behavioral difficulties, and consideration was given to a diagnosis of Pervasive Developmental Disorder (PDD). [redacted] behavior had been problematic in elementary school. He was reported to have performed sex acts on another child and been aggressive with school staff, leading to his expulsion from Kindergarten. At 4 years of age he moved to PA and returned at 6.5 years of age. At that time, he participated in an evaluation at St. Vincent's. He had reportedly been suspended from school 10 times that year, and he was noted to have performed sex acts on peers, urinated in cups and smeared feces on the walls of his home, and stolen food. Factors noted to have influenced his presentation include his history of sexual abuse by a family member, placement in foster care, and maternal history of prostitution and substance abuse.

At the time had been placed in 12:1:1 2nd grade class at PS 42 with Occupational Therapy (OT), Physical Therapy (PT), and Counseling; no mental health supports aside from school-based counseling had been provided throughout his childhood.

After PS 42 [redacted] began attending PS 81, a District 75 based program. After PS 81 [redacted] completed the 5th grade at New York City Children's Center (NYCCC), and the 6th grade at the Co-Op School in Brooklyn. He next attended Kids Peace Residential Program in PA. There his behaviors included aggression, urinating, defecating, exposing himself, and speaking inappropriately about his sexual experiences. He then transferred to Kaizen Academy at the end of March 2021, a residential therapeutic program that provides specialized treatment for youth with sexual trauma and sexual behavior issues for the 8th grade. He later attended the Stetson residential program, a program in Texas and one in Florida.

(Please note that the documentation of dates and transfers of residential programs were confusing and contradictory

at times).

In 2012, his FSIQ tested at 86 in the low average range. In 2016, his FSIQ tested at 77 while in 2017, his FSIQ tested at 66. In 2019 his FSIQ tested at 95 in the average range. In 9/2023, his FSIQ tested at 66, in the range of Mild Intellectual Disability. However, on the Vineland scale of intellectual functioning, he scored in the adequate range.

MEDICAL HISTORY

Pre-diabetic, developmental delays and encephalopathy. At 9 months of age,he underwent surgery for NEC.

Family Psychiatric/Medical History

There is mental illness in [redacted] family and his older brother has a diagnosis of ADHD. His parents experienced substance abuse.

MENTAL STATUS/ COGNITIVE FUNCTIONING

Appearance, development: [redacted] appears his stated age

Relatedness, behavior (eye contact, interaction quality): He was engaged, well related with good eye contact. He appeared forthcoming and conversational

Favorite Activities (games, favorite toys, sports, TV shows, favorite TV characters, music and school subjects): seeing friends

Motor activity: No odd mannerisms noted

Sleep and appetite: No concerns elicited

Socialization, self image, relationships (feelings and beliefs about friendship, history of bullying): He is thought to be social

Affect, mood, feeling states (what makes you happy or sad): He reported feeling anxious at times. Affect was full and appropriate.

Suicidal and/or homicidal ideation, plan or intent: No concerns elicited

Hallucinations and other perceptual distortions:
Denies

Intellectual functioning. Wide scatter in various cognitive testing dates, ranging from average in 2019 to most recently Mild Intellectual Disability in 2023.

Fund of knowledge:
Fair

Thought processes, abstractions, content:
Goal directed, was able to answer questions appropriately

Speech, language facility, spontaneity:
Normal volume, rate and rhythm

Attention, concentration:
Limited by histroy

Impulse Control:
Poor

Memory:
Intact

Orientation:
Intact

Special Fears:
denied

Conscience:
Fair

Judgment, insight:
Limited

Aspirations, dreams:
To go to college

Summary & Conclusions:
[redacted] is a young man who has a long history of extensive trauma, including sexual abuse, witnessing prostitution, and multiple transfers while in foster care, resulting in emotional loss, and frequent change, beginning in his formative years. His frequent sexualized acting out, aggression and unsafe behaviors resulted in numerous psychiatric hospitalizations and residential treatment centers throughout the years. He appears motivated and invested in coping and processing his trauma, which is a struggle for him. [redacted] needs time and extensive trauma informed treatment, which would support and develop his coping skills, while allowing him to grow and mature. Additionally, his ability to form secure, stable, trusting, lasting attachments was likely hindered by his early experiences, and would need ongoing assistance.

He carries a diagnosis of ADHD, which is likely, due to exposure of illicit substances in utero. His prior diagnoses of mood dysregularity is most likely affected by his trauma history. There is no documentation at present to support his prior diagnosis of Autism. Of note, his cognitive testing ranged from Mild Intellectual Disability, to average, which may be a reflection of his mental state, or investment in achievement, during the time of testing.

DIAGNOSIS

Post-Traumatic Stress Disorder
Attention Deficit Hyperactivity Disorder (by history)
Unspecified Mood Disorder

TREATMENT PLAN / RECOMMENDATIONS

1. Recommend continued placement in a structured supportive setting, with extensive academic supports, where mental health treatment can be available. At this time, he needs continued close supervision as well due to his history of sexualized and aggressive behaviors.
2. Group and individual (trauma based) therapy should be continued, focusing on anger management, frustration tolerance, and processing his past trauma
3. Continued incentives, such as familial visits to give added emotional supports
4. Close collaboration with his family, and training in life skills.
5. Consider medication management as needed.

Evaluator's Name: Pamela Siller
Telephone #:
Discipline:
Provider Type: Independent,
Language:
Date of Report: 03/15/2024

Billing Form for Agency/Independent Evaluator

Vendor Invoice #: _____ Month: _____ Year: _____

Section 1: Student information	
Student's Name:	[redacted]
DOE ID#:	222729022
Date of Birth:	02/27/2007

Section 2: Provider Information	
Provider's Name:	Pamela Siller
Address:	
Telephone #:	,

Section 3: Agency Information	
Agency Name:	
Address:	
Telephone #:	,
Federal Tax ID #:	

Total Amount Due:

_____

Section 4: Provider Certification for provision of Services

I hereby certify that I conducted the assessment in the document included in my report. I understand that when completed and filed, this form becomes a record of the Board of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.

Signature of Provider	Date	
Print Name	Provider License #	Provider Certificate #

Parent/Principal/Guardian Certification

By my signature I acknowledge that I have reviewed this agency/independent evaluator billing form and that, to the best of my knowledge, these assessments were provided as indicated.

Signature of Parent/Principal/Guardian	Date